FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	(See instructions)	
1. NAME OF	<u> </u>	Office use only
NAME OF COMMITTEE (in f	(Check if name Example: If typying, is changed) over the lines	12FE4M5
PROGRESSIVE	E VOTE AKA PROGRESSIVE DEMOCRATS OF AMEI	RICA
ADDRESS (number and s	PO Box 150064	
(Check if addre	ess Liliiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	
is changed)	Grand Rapids	MI 49515 - 1
	CITY	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MAI		
kimberly@pda	merica.org	
COMMITTEE'S WEB I	PAGE ADDRESS (URL)	
www.pdameri	ca.org	
COMMITTEE'S FAX N	IIIMBER	
	I I I	
2. DATE M M M 1 2	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
3. FEC IDENTIFICATION	TION NUMBER C C00402800	
4 10 71110 0747514	ENT NEW (N) OR X AMENDE	D (0)
4. IS THIS STATEM	ENT NEW (N) OR X AMENDE	D (A)
I certify that I have examin	ned this Statement and to the best of my knowledge and belief it is true,	correct and complete
Type or Print Name of	Treasurer Stephen Shaff	
Signature of Treasurer	Electronically Filed by Stephen Shaff	Date 0 2 / 0 4 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of fals	se, erroneous, or incomplete information may subject the person signin	g this Statement to the penalties of 2 U.S.C. S437g.
	ANY CHANGE IN INFORMATION SHOULD BE REP	ORTED WITHIN 10 DAYS
Office Use Only	For further info Federal Election Toll Free 800-4 Local 202-694-	24-9530 (Revised 02/2003)
FE3AN042.PDF		

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5.	TYPE OF CO	MMITTEE (Check One)										
	(a)	This committee is a principal campaign committee. (Complete the candidate information below.)										
	(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)										
	Name of Candidate											
	Candidate Party Affiliatio	Office Sought: House Senate President	State District									
	(c)	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.										
	Name of Candidate	L.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,										
	(d)	This committee is a (National, State (or subordinate) committee of the	Democratic, Republican,etc.) Party.									
	(e)	(e) This committee is a separate segregated fund										
	(f) X	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee.	fund or party									
6.	Name of Any	Connected Organization or Affiliated Committee										
L	None											
L												
	Mailing Addre	ss										
		CITY ≜ STATE ≜	ZIP CODE									
	Relationship Type of Conne	ected Organization:										
		oration Corporation w/o Capital Stock Labor Organiza	ation									
			uioi i									
	iviem	bership Organization Trade Association Cooperative										

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		er optional), and position	on of the person in	ו
Kimberl	y Buchan			
:	3037 Crisfield Dr. NE			
	Grand Rapids		49525	
V	CITY A	STATE	A ZIP	CODE A
Admin. Co	ordinator	Telephone number _	616 608	4549
st the name a	and address (phone number optiona designated agent (e.g., assistant treas	al) of the treasurer of the surer).	committee; and th	ne
Stepher	n Shaff			
;	3605 Perry St.			
	Mt. Rainier	MD	20712	
₩	CITY A	STATE	A ZIP	CODE A
Treasurer		Telephone number	301 442	4232
Kimberl	y Buchan			
;	3037 Crisfield Dr. NE			
	Grand Rapids		49525	_ –
V	CITY A	STATE	▲ ZIP	CODE A
	Admin. Cod Stepher Kimberl Kimberl Kimberl Kimberl Kimberl Kimberl Kimberl	Accords: Identify by name, address, (phone number of Committee books and records. Kimberly Buchan Grand Rapids CITY A Admin. Coordinator ist the name and address (phone number optional dress of any designated agent (e.g., assistant treasts) Stephen Shaff Mt. Rainier CITY A Treasurer Kimberly Buchan 3037 Crisfield Dr. NE Grand Rapids	Records: Identify by name, address, (phone number optional), and position of Committee books and records. Kimberly Buchan	Admin. Coordinator Stephen Shaff MI. Rainier Mt. Rainier Telephone number Telephone number Mt. Rainier Mt. Rainier

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9.	Banks or Other D safety deposit boxe		List a funds.	all bar	nks o	r othe	er de	epos	sitori	es ir	n wh	iich	the	com	mitt	ee d	еро	sits	func	ls, h	old	s ac	cou	nts,	rent	S	
	Name of Bank, De	pository, etc.																									
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	Mailing Address	L	100 N	N. Tr	yon	St.													Ш								
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	Name of Bank, De	oositorv. etc.																									
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	Mailing Address																									<u></u>	
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Image# 28990423	3752
Form/Schedule: F1A Transaction ID:	We are not affiliated with any other committees.